IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

December 26, 2007

Nathan Smith, Administrator
Hillcrest
1093 S Hilton
Boise, ID 83705

License #: RC-603

Dear Mr. Smith:

On July 26, 2007, a complaint investigation survey was conducted at Hillcrest. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Maureen McCann, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

MM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

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PHONE: (208) 334-6626
FAX: (208) 364-1888

December 20, 2007

Nathan Smith, Administrator
Hillcrest
1093 S Hilton
Boise, ID 83705

License: RC-603

Dear Mr. Smith:

On July 26, 2007, a complaint investigation survey was conducted at Hillcrest Retirement and Assisted Living. The complaint investigation determined the facility failed to comply with IDAPA 16.03.22.430.05, which states the following:

> **430. REQUIREMENTS FOR FURNISHINGS, EQUIPMENT, SUPPLIES, AND BASIC SERVICES.** Each facility must provide at no additional cost to the resident: **05. Basic Services**. The following are basic services to be provided by the facility at no additional cost to the resident: room, board, activities of daily living services, supervision, assistance and monitoring of medications, laundering of linens owned by the facility, coordination of outside services, arrangement for emergency transportation, emergency interventions, first aid, housekeeping services, maintenance, utilities, and access to basic television in common areas. (3-30-06)

It was explained to you at the exit conference on July 26, 2007, the facility needed to alter the billing system to come into compliance with IDAPA 16.03.22 (Idaho Administrative Rules for Residential Care or Assisted Living Facilities).

A December 3, 2007 letter from the Department to you explained that acceptable evidence of resolution of the punch list item had to be submitted to our offices by December 13, 2007, or a ban on admissions and a provisional license would be issued.

Due to the continued failure of the facility to correct this deficiency, and in accordance with IDAPA 16.03.22.910.01, and IDAPA 16.03.910.02 a.-c., the following enforcement actions are imposed effective **December 19, 2007**:

1. **A provisional license is issued which is to be prominently displayed in the facility. Upon receipt of this provisional license return any license certificates, currently held by the facility.**
2. **Ban on all new admissions. Readmission from the hospital will be considered after consultation between the facility, the resident/family and the department. The ban on new admissions will remain in effect until the department has determined that the facility has achieved full compliance with the requirements.**
3. **To avoid civil monetary penalties, full compliance must be achieved on or before January 26, 2007.**

Please submit evidence of resolution as soon as feasible such that the Department can review, and you will have sufficient time to make any needed adjustments prior to the **January 26, 2007** deadline.

Please be advised that you may contest this decision by filing a written request for administrative review pursuant to IDAPA 16.05.03.300. **no later than twenty-eight (28) days after this notice was mailed.** Any such request should be addressed to:

Randy May
Deputy Administrator
Division of Medicaid-DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036

If you fail to file a request for administrative review within the time allowed this decision shall become final. **Due to the delinquency of your efforts to correct the situation, the ban on admissions and the provisional license will not be stayed by an appeal.**

Staff from the Residential Community Care Program is available to help avoid additional negative actions. Should you desire technical assistance, please contact this office at (208) 334-6626.

Sincerely,

Shane Carlton for

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Community Care Program

JS/ sc
Enclosure

Cc: Nanette Wilkins, Regional Director, Farmington Centers, 5100 SW Macadam Ave, STE 360, Portland, Oregon, 97239
Randy May, Deputy Administrator, Medicaid Licensing and Certification
Michelle Jensen, Ombudsman, Region IV
Cathy Hart, Ombudsman, State of Idaho

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PHONE: (208) 334-5747
FAX: (208) 364-1811

December 3, 2007

CERTIFIED MAIL #: 7005 1160 0000 1506 7946

Nathan Smith, Administrator
Hillcrest
1093 S Hilton
Boise, ID 83705

Dear Mr. Smith:

On July 26, 2007 a complaint investigation was conducted at your facility. We have not yet received acceptable evidence of resolution from the facility for that survey, which was due by **August 30, 2007**.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office on or before **December 13, 2007**. If we do not receive the information by that time, the Licensing and Survey Agency will impose enforcement action(s) as listed in IDAPA 16.03.22. Rules for Residential Care or Assisted Living Facilities in Idaho subsection 910.02;

1. A provisional license will be issued.
2. Admissions to the facility will be limited.
3. The facility will be required to hire a consultant who submits periodic reports to the Licensing and Survey agency.

IDAPA 16.03.22 – rules for Residential Care or Assisted Living Facilities in Idaho were negotiated with the assisted living industry, resident advocates and stakeholders, and was approved by the legislature. A repeat of this process is required to change any portion of these rules.

If you have questions, or if we can be of further assistance, please call the Licensing and Survey Agency at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Community Care Program

IDAHO DEPARTMENT OF
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August 20, 2007

Nathan Smith, Administrator
Hillcrest
1093 S Hilton
Boise, ID 83705

Dear Mr. Smith:

On July 26, 2007, a complaint investigation survey was conducted at Hillcrest. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 30, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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August 20, 2007

Nathan Smith, Administrator
Hillcrest
1093 S Hilton
Boise, ID 83705

Dear Mr. Smith:

On July 26, 2007, a complaint investigation survey was conducted at Hillcrest. The survey was conducted by Sydnie Braithwaite, RN, Maureen McCann, RN and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00003077

Allegation #1:	The facility RN did not conduct a nursing assessment of a resident who had fallen.
Findings:	On July 25, 2007 between 1:25 p.m. and 2:00 p.m., the facility nurse, the identified resident, and a housekeeper were interviewed. The facility nurse stated the identified resident had not fallen; the identified resident stated he had not fallen, and the housekeeper said she had never seen the identified resident fall down or heard that he had fallen.
Conclusion:	Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.
Allegation #2:	The facility does not have an RN, only an LPN.
FIndings:	On July 24, 2007 at 9:20 a.m., the administrator stated the facility RN was at the facility Friday through Monday, and there were two LPN's also on the staff. On July 25, 2007 at 1:25 p.m., one of the facility's LPN's was interviewed; at that time she stated that there is always a nurse available "after hours."
Conclusion:	Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.
Allegation #3:	The facility is using a new pharmacy and residents are not getting their meds.

Findings: On July 25, 2007 at 1:15 p.m., the MARs for one random resident and one identified resident were reviewed. The random resident had an order for Risperdal 0.5 mg which was written on July 23, 2007, but there was no Risperdal in the Medication Cart. A caregiver was asked about this and she stated the medication was "not available yet." There was also an entry written on the back of this resident's MAR that indicated her Megace was not available to be given. The identified resident's medication orders included an order for Vitamin B12 1000 mcg po BID written on July 12, 2007 but there was no such medication found in the Medication Cart.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for he facility licensed professional nurse did not assure medications ordered by a physician were received in a timely manner by the pharmacy. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility did not investigate, assess and document an incident a resident reported to staff.

Findings: On July 24, 2007 between 3:30 p.m. and 3:50 p.m., the administrator and the identified resident's daughter were interviewed. The administrator said the identified resident recently had a "change in his condition" but he was not aware of any falls. The daughter of the identified resident stated that a facility housekeeper told her the resident had fallen about 1 1/2 weeks prior to being taken to a local hospital. The housekeeper further stated that the resident had gone to the nurse complaining of back pain and he was given instructions to take Tylenol.

On July 25, 2007 between 1:25 p.m. and 2:00 p.m., the facility nurse, the identified resident, and the housekeeper were interviewed. The facility nurse stated the identified resident had not fallen; the identified resident stated he had not fallen, and the housekeeper said she had never seen the identified resident fall down or heard that he had fallen.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

MM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Maureen McCann, RN, Health Facility Surveyor

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August 20, 2007

Nathan Smith, Administrator
Hillcrest
1093 S Hilton
Boise, ID 83705

Dear Mr. Smith:

On July 26, 2007, a complaint investigation survey was conducted at Hillcrest. The survey was conducted by Sydnie Braithwaite, RN, Maureen McCann, RN and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00003091

Allegation #1: The facility is billing residents for basic services provided.

Findings: On July 24, 2007 at 2:30 p.m., the facility administrator explained that all residents were charged a "monthly base rent" plus a "level of care fee" based on a Resident Assessment that determined the level of care an individual resident required. This care fee was then added to the monthly base rent. The administrator also stated the "Resident Care Form" was usually updated quarterly.

On July 24, 2007 a record review revealed the facility's admission agreement called, "Hillcrest Residency Agreement". This agreement contained an explanation of resident fees. Facility residents are charged a "monthly base rent" which includes, room and board, 3 meals daily, weekly housekeeping, laundry of linens, trash removal and maintenance of building, all utilities (except telephone and telephone services), access to cable television and recreational activities.

Further, the facility charges a "level of care fee" that includes personal care services which are determined by an initial evaluation prior to a resident moving into the facility. Each personal care service, such as bathing is assigned points. The more care needed by the resident for that service, the greater the number of points. Each point is assigned a fee. Therefore, the greater the level of care, the more points, thus a higher fee. This fee is re-evaluated approximately 30 days after the resident has

moved into the facility and then at least once per year or more often as changes occur. These evaluations are completed on a "Resident Assessment Form". Examples of items on this form include: grooming, bathing, dressing, eating and oral medication, to cite a few.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.430.05 for charging additional fees for basic services. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility failed to give residents a 30 day notice for increase in rates.

Findings: Residents were not given 30 days notice when their level of care fee increased.

Interview: On July 24, 2007 at 2:30 p.m., the facility administrator stated that residents were given 30 days notice if their monthly base rent increased or when the dollar value per care point increased. However, when the number of care points (level of care) increased, the new level of care fee became effective immediately.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.500 for not notifying residents in writing 30 days prior to an increase in the resident's bill. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

MM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Maureen McCann, RN, Health Facility Surveyor

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Milkcrest	1093 S. Latah	208-345-4460
Administrator	**City**	**ZIP Code**
Nathan Spritz	Boise	83705
Survey Team Leader	**Survey Type**	**Survey Date**
Maureen McClure	Complaint	26 July 07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	300.02	The facility licensed professional nurse did not assure medications were available for current doctors orders for Resident #1 (Current nursing system has improved)	9/05/07	9/05
2	430.05	The facility is billing residents for basic Services, i.e., activities of daily living, personal assistance and monitoring of medications.	12.21.07	
3	500	The facility did not give residents 30 days notice prior to discharging / eviction.	Deleted 11.12.07	

Response Required Date	Signature of Facility Representative	Date Signed
25 Aug 07		7/26/07